Form NLRB - 501 (3-21)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## First Amended CHARGE AGAINST EMPLOYER INSTRUCTIONS:

DO NOT WRITE IN THIS SPACE

Casa Date Filed

10-CA-296477 6/15/22

File an original will NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT a. Name of Employer University Hospital / Piedmont Augusta (706)774-2944 c. Cell No. d. Address (Street, city, state, and ZIP code) entalive f. Fax No. (b) (6), (b) (7)(C 1350 Walton Way, Augusta, GA 30904 g (b) (6), (b) (7)(C) guh.orq h, Number of Workers Employed I. Type of Establishmant (factory, mine, j. Identify Principal Product or Service wholasaler, etc.) Hospital Health Care 1. The above named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the elleged unfair labor practices) See Attachment

| 3. Full name of party filing charge (if lebor organization, give (b) (6), (b) (7)(C)                                      | full name, including local name and numb         | por)                            |                                |
|---|--|---------------------------------|--------------------------------|
| (b) (6), (b) (7)(C)   |  | 4b. Tel. No.                    | 40.40                          |
|   |  | <sup>4</sup> (b) (6), (b) (7)(0 | C)                             |
|   |  | 4d. Fax No.                     | 15/4-4                         |
|   |  | (b) (6), (b) (7)(               |                                |
| <ol> <li>Full name of national or international labor organization of organization)</li> </ol>                            | f which it is an affiliale or constiluent unit ( | lo bë filled in when cha        | uga is <b>Il ad</b> by a labor |
| (b) (6), (b) (7)(C)  6. DECLARATION  bove charge and that the statements are true to the best of my knowledge and belief. |  | Tel. No.                        | This is                        |
|   | (b) (6), (b) (7)(C) <sub>an Individual</sub>     | <sup>O</sup> (b) (6), (b) (7)(0 | C)                             |
| scn moking charge)  | (Print/lype name and title or office, if any)    | Fax No.                         |                                |
| Address: (b) (6), (b) (7)(C)  | Dale: 04/14/22                                   | (b) (6), (b) (7)                | (C)                            |

## WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

in this is

• Or<sup>(b) (6), (b) (7)(C)</sup> 2022, the Employer disciplined its employee, (b) (6), (b) (7)(C), because engaged in protected concerted activities protected by Section 7 of the Act, and/or because the Employer believed had participated in protected, concerted activity on behalf of one of the Act, and other employees.

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- Since around (b) (6), (b) (7)(C) the opportunity to work as the (b) (6), (b) (7)(C) because engaged in protected concerted activities protected by Section 7 of the Act, and/or because the Employer believed had participated in protected, concerted activity on behalf of and other employees..
- on (b) (6), (b) (7)(C) 2022, the Employer disciplined its employee (b) (6), (b) (7)(C) because engaged in protected concerted activities protected by Section 7 of the Act, and/or because the Employer believed participated in protected, concerted activity on behalf of the Act, and other employees.
- On February 18, 2022 the Employer through (b) (6), (b) (7)(C) engaged in surveillance of its employees' protected, concerted activities.
- ON February 25, 2022, the Employer through (b) (6), (b) (7)(C) coerced employees in the exercise of their Section 7 rights by threatening employees with discipline if employees discussed discipline or human resource's investigations with other employees.
- on [6,6,6,7,7], 2022, the Employer discharged its employee, (b) (6), (b) (7)(C), because engaged in protected concerted activities protected by Section 7 of the Act, and/or because the Employer believed had participated in protected, concerted activity on behalf of [6,6,6,7,7] and other employees.



Agency Website: www.nlrb.gov Telephone: (404)331-2896 Fax: (404)331-2858



June 22, 2022

### (b) (6), (b) (7)(C)

University Hospital / Piedmont Augusta 1350 Walton Way Augusta, GA 30904

401 W. Peachtree Street, NE

REGION 10

Atlanta, GA 30308

Suite 472

Re: University Hospital/Piedmont Augusta

Case 10-CA-296477

Dear (b) (6), (b) (7)(C):

Enclosed is a copy of the first amended charge that has been filed in this case.

<u>Investigator</u>: This charge is being investigated by Field Attorney KERSTIN MEYERS whose telephone number is (470)343-7490. If the agent is not available, you may contact Field Examiner NEIL SAGUCIO whose telephone number is (336)582-7141.

<u>Presentation of Your Evidence</u>: As you know, we seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations in the first amended charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Procedures:</u> Pursuant to Section 102.5 of the Board's Rules and Regulations, parties must submit all documentary evidence, including statements of position, exhibits, sworn statements, and/or other evidence, by electronically submitting (E-Filing) them through the Agency's web site (www.nlrb.gov). You must e-file all documents electronically or provide a written statement explaining why electronic submission is not possible or feasible. Failure to comply with Section 102.5 will result in rejection of your submission. The Region will make its

determination on the merits solely based on the evidence properly submitted. All evidence submitted electronically should be in the form in which it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

If the Agency does not issue a formal complaint in this matter, parties will be notified of the Regional Director's decision by email. Please ensure that the agent handling your case has your current email address.

Very truly yours,

Lisa Y. Henderson Regional Director

Enclosure: Copy of first amended charge

cc: Jeffery L. Thompson, Attorney Constangy, Brooks Smith & Prophete, LLP PO Box 1975 Macon, GA 31202-1975



Agency Website: www.nlrb.gov Telephone: (404)331-2896 Fax: (404)331-2858



Download NLRB Mobile App

June 22, 2022



**REGION 10** 

Atlanta, GA 30308

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401 W. Peachtree Street, NE

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Very truly yours,

Lisa Y. Henderson Regional Director Form NLRB - 501 (3-21)

## UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

## Second Amended CHARGE AGAINST EMPLOYER INSTRUCTIONS:

| IN THIS SPACE |
|---------------|
| Ditte Filed   |
| 6/24/2022     |
|               |

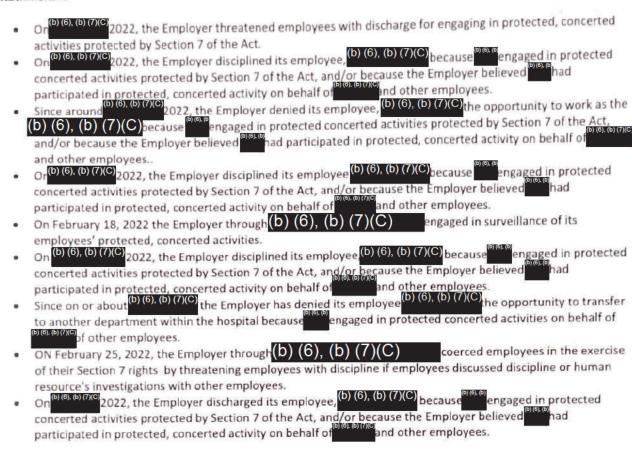
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

| Name of Employer     University Hospital / Piedmont Augusta  |   | b Tel No  |  |
|--|---|---|--|
|  |   | (706)774-2944   |  |
|  |   | c. Cell No.   |  |
| d. Address (Street, city, state, and ZIP coda)   | e Lative  | 1 Fax No  |  |
| 1350 Walton Way, Augusta, GA<br>30904  | (b) (6), (b) (7)(C)   | 0   |  |
| 30304  |   | (b) (6), (b) (7)(C) uh org                            |  |
|  |   | h. Number of Workers Employed                         |  |
| Type of Establishment (factory, mine,  | I Identify Principal Product or Service   |   |  |
| wholesaler, etc.)  | ), warming through the desired  |   |  |
| Hospital   | ficalth Care  |   |  |
| See Attachment  (b) (6), (b) (7)(C) filing charge (if labor organic  | ncise statement of the facts constituting the alleged un<br>nization, give full name, including local name and num  | nber)   |  |
| (b) (6), (b) (7)(C)  | 1ZIP code)  | 4b, Tel. No.  |  |
| (b) (6), (b) (7)(C)  | LZIP code)  | 4C(b) (6), (b) (7)(C)                                 |  |
| (b) (6), (b) (7)(C)  | LZIP code)  | 4 (b) (6), (b) (7)(C)                                 |  |
| (b) (6), (b) (7)(C)  5. Full name of national or international labor or  | ganization of which it is an affiliate or constituent unit  | 4c(b) (6), (b) (7)(C) 4d  4e(b) (6), (b) (7)(C)       |  |
| (b) (6), (b) (7)(C)  5. Full name of national or international labor or  |   | 4c(b) (6), (b) (7)(C) 4d  4e(b) (6), (b) (7)(C)       |  |
| (b) (6), (b) (7)(C)  5. Full name of national or international labor or organization)                            | ganization of which it is an affiliate or constituent unit  | 4c(b) (6), (b) (7)(C) 4d  4e(b) (6), (b) (7)(C)       |  |
| (b) (6), (b) (7)(C)  5. Full name of national or international labor or organization)  6. DE                     | ganization of which it is an affiliate or constituent unit  | 4c(b) (6), (b) (7)(C) 4d(b) (6), (b) (7)(C)  Tel. No. |  |
| (b) (6), (b) (7)(C)  5. Full name of national or international labor or organization)  6. DE                     | ganization of which it is an affiliate or constituent unit  CLARATION  e and that the statements are true to the best of my                                       | 4c(b) (6), (b) (7)(C) 4d (b) (6), (b) (7)(C)          |  |
| (b) (6), (b) (7)(C)  5. Full name of national or international labor or organization)  6. DE (b) (6), (b) (7)(C) | ganization of which it is an affiliate or constituent unit  CLARATION  e and that the statements are true to the best of my edge and belief;  (b) (6), (b) (7)(C) | 4c(b) (6), (b) (7)(C) 4d(b) (6), (b) (7)(C)  Tel. No. |  |

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Second Amended Charge 10-CA-296477 Attachment A





REGION 10 401 W. Peachtree Street, NE Suite 472 Atlanta, GA 30308



Download NLRB Mobile App

June 24, 2022

(b) (6), (b) (7)(C)

University Hospital / Piedmont Augusta 1350 Walton Way Augusta, GA 30904

Re: University Hospital/Piedmont Augusta

Agency Website: www.nlrb.gov

Telephone: (404)331-2896

Fax: (404)331-2858

Case 10-CA-296477

Dear (b) (6), (b) (7)(C)

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Very truly yours,

Verry D. Cons TERRY D. COMBS

Acting Regional Director

Enclosure: Copy of second amended charge

cc: Jeffery L. Thompson, Attorney Constangy, Brooks Smith & Prophete, LLP P.O. Box 1975

Macon, GA 31202-1975



Agency Website: www.nlrb.gov Telephone: (404)331-2896 Fax: (404)331-2858



Download NLRB Mobile App

REGION 10 401 W. Peachtree Street, NE Suite 472 Atlanta, GA 30308

June 24, 2022



Re: University Hospital/ Piedmont Augusta Case 10-CA-296477

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Very truly yours,

TERRY D. COMBS Acting Regional Director

Verry D. Cons



Fickling & Co. Building
577 Mulberry Street
Suite 710
Macon, GA 31201

Telephone: (478) 750-8600 Facsimile: (478) 750-8686

jthompson@constangy.com (478) 621.2423

June 15, 2022

### VIA ELECTRONIC MAIL - Kerstin.Meyers@nlrb.gov

Ms. Kerstin Meyers Field Attorney National Labor Relations Board, Region 10 401 W. Peachtree St., NW Suite 472 Atlanta, GA 30308

> RE: University Hospital/Piedmont Augusta Case No. 10-CA-296477

Dear Ms. Meyers:

Please accept this letter as my notice of appearance in the above-styled case. My contact information is as follows:

Jeffery L. Thompson
Constangy, Brooks, Smith & Prophete, LLP
P.O. Box 1975
Macon, GA 31202
478.621.2423
jthompson@constangy.com

Please forward me a copy of all correspondence. If you have any questions or need additional information, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

Jeffery L. Thompson

JLT (6), (6), (6) (

#### NATIONAL LABOR RELATIONS BOARD

#### NOTICE OF APPEARANCE

| University Hospital / Piedmont Augusta  |   |  |  |  |
|---|---|--|--|--|
| and<br>Individual   | CASE 10-CA-296477  University Hospital/ Piedmont Augusta                    |  |  |  |
| REGIONAL DIRECTOR  EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD Washington, DC 20570  | GENERAL COUNSEL NATIONAL LABOR RELATIONS BOARD Washington, DC 20570         |  |  |  |
| THE UNDERSIGNED HEREBY ENTERS APPEARANCE AS REPRESENTAT Heather Odell   | IVE OF  |  |  |  |
| IN THE ABOVE-CAPTIONED MATTER.  |   |  |  |  |
| CHECK THE APPROPRIATE BOX(ES) BELOW:  REPRESENTATIVE IS AN ATTORNEY  IF REPRESENTATIVE IS AN ATTORNEY, IN ORDER TO ENSURE TO CERTAIN DOCUMENTS OR CORRESPONDENCE FROM THE AGENCY IN BOX MUST BE CHECKED. IF THIS BOX IS NOT CHECKED, THE PARTY V DOCUMENTS SUCH AS CHARGES, PETITIONS AND FORMAL DOCUMEN CASEHANDLING MANUAL. | ADDITION TO THOSE DESCRIBED BELOW, THIS WILL RECEIVE ONLY COPIES OF CERTAIN |  |  |  |
| (REPRESENTATIVE INFOR   | MATION)   |  |  |  |
| Richard P Rouco  NAME:  2 - 20th Street North, Ste. 930  MAILING ADDRESS:  Birmingham AL  |   |  |  |  |
| E-MAIL ADDRESS: rrouco@qcwdr.com  |   |  |  |  |
| OFFICE TELEPHONE NUMBER: 2059187430   | 220020  |  |  |  |
| CELL PHONE NUMBER:  |   |  |  |  |
| SIGNATURE:  (Please sign in julk.)  DATE: Tuesday, July 12, 2022 1:53 PM Eastern Standard Tim   | e   |  |  |  |

 $<sup>^1</sup>$  IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY, A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.



Fickling & Co. Building 577 Mulberry Street Suite 710 Macon, GA 31201

Telephone: (478) 750-8600 Facsimile: (478) 750-8686

jmartin@constangy.com (478) 621.2407

December 1, 2022

#### VIA ELECTRONIC MAIL – Kerstin.Meyers@nlrb.gov

Ms. Kerstin Meyers Field Attorney National Labor Relations Board, Region 10 401 W. Peachtree St., NW Suite 472 Atlanta, GA 30308

> RE: University Hospital/Piedmont Augusta Case No. 10-CA-296477

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W. Jonathan Martin, II
Constangy, Brooks, Smith & Prophete, LLP
P.O. Box 1975
Macon, GA 31202
478.621.2407
jmartin@constangy.com

Please forward me a copy of all correspondence. If you have any questions or need additional information, please do not hesitate to contact me. Thank you for your attention to this matter.

Sincerely,

/s/ W. Jonathan Martin, II

W. Jonathan Martin, II



Alabama California Colorado Florida Georgia Illinois Massachusetts Missouri New Jersey New York North Carolina South Carolina Tennessee Texas Virginia Wisconsin